



**English Rose Day School
Registration Form for 2019-2020**

For Office Use Only: Date: _____ Time: _____
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Please fill out one form for each child you are registering **Today's Date:** _____

Child's Name: _____ **Birth Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Parent/Guardian 1 Information: **Parent/Guardian 2 Information:**

Name: _____ **Name:** _____

Cell Phone: _____ **Cell Phone:** _____

E-Mail: _____ **E-Mail:** _____

If School Age: Grade entering in September 2019 _____

Name of School attending _____

Main Program: **Time:** (for extended care, please see the next page)

___ **Infants** (up to 18 months) ___ **9am to 3pm**

___ **Toddlers** (over 18 mths to 2 yrs 9 mths) ___ **9am to 3pm**

___ **3 year old Pre-School** (3 yrs by Dec 2019) ___ **9am to 12.15pm**

___ **4 year old Pre-School** (4 yrs by Dec 2019) ___ **9am – 2.45pm**

___ **4 year old Pre-School** (4 yrs by Dec 2019) ___ **9am to 11.30am ___ 12.15pm-2.45pm**

___ **Extra Year Program** (5 yrs by Feb 2020) ___ **9am – 2.45pm**

___ **Extra Year Program** (5 yrs by Feb 2020) ___ **8.30am to 11.30am ___ 8.30am to 2.45pm**

___ **Full Day Kindergarten** (5 yrs by Dec 31, 2019) ___ **11:45am to 2.45pm**

___ **Full Day Kindergarten** (5 yrs by Dec 31, 2019) ___ **8.30am to 2.45pm**

___ **Kindergarten Enrichment** (enrolled in another ½ day Kindergarten program) Your child's placement in KE at English Rose in either the AM session (8.30am-11.30am) or PM session (12.15pm-2.45pm) is dependent on their placement in the public school.

All Kindergarten/EY/KE programs are 5-day programs.

Days:
Mon:___ Tues: ___ Weds: ___ Thurs: ___ Fri: ___ *Please turn over to continue*



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Add-on Programs:

Closure Program: ___: Full Time ___ : Per Diem ___ : Snow Closure ONLY

English Rose is open most days when WSD is closed. This includes snow days, but not major Holidays, or planned ½ days in the district (i.e. conferences). Full time closure is a school year commitment, if you drop the program, and need to reinstate you would be required to pay any missed months tuitions.

Early Bird: ___ (6.30am-7am drop off)

Before School: ___ (7am until school starts or buses arrive)

After School: ___ (dismissal or when bus arrives until 6pm)

Late Pick-up: ___ (6-6.30pm)

Lunch Program: ___ (Add-on for ½ day students staying through lunch either before or after their class time – 11.30am to 12.15pm)

<u>Early Bird</u>	<u>Before School</u>	<u>Lunch Program</u>	<u>After School</u>	<u>Late P/U</u>
Mon ___	Mon ___	Mon ___	Mon ___	Mon ___
Tues ___	Tues ___	Tues ___	Tues ___	Tues ___
Wed ___	Wed ___	Wed ___	Wed ___	Wed ___
Thurs ___	Thurs ___	Thurs ___	Thurs ___	Thurs ___
Fri ___	Fri ___	Fri ___	Fri ___	Fri ___

Registration Fee: \$90 for FDK and FD Extra Year - \$50 for all other programs

Please read and **initial** the following:

___ I understand this registration fee reserves a spot for my child in the above-stated program/s.

___ I understand the registration fee is **non-refundable**.

___ I understand that the deposit tuition, which is applied to June 2020 is payable no later than April 1, 2019 for new families, and May 1, 2019 for existing families. This guarantees my child’s spot.

___ I understand that the remaining tuition payments will begin August 1, 2019 and continue through April 1, 2020.

___ I understand that I am required to give 30 days written notice if I wish to withdraw my child from the program in order to receive any refund due to me.

___ I understand that I will forfeit my June 2020 tuition deposit if written notice to cancel or withdraw for any reason is given after August 1, 2019.

___ I understand that changes to my child’s program must be submitted in writing to the office.

___ I understand that a late fee of \$20 is charged to my account for payments made after the 3rd of the month in which they are due.

Parent Signature: _____ **Date:** _____

Office Use Only:

Date registered _____ Amount Paid _____ Check # _____

Child/Siblings registered _____

___ Contract ___ XL Spreadsheet ___ Ledger ___ Billing ___ Schedule ___ Tracking